FOR INSTRUCTIONS, SEE BACK OF FORM CHECK ONE: This is an initial* Statement of Organization This is an amended* Statement of Organization *An initial Statement of Organization should be filled within 10 days of the	JAN 7 2003	FORM STATEMENT OF (Rev. 06/99) ORGANIZATION For Office Use Only Comm. #
making expenditures or incuming indebtedness exceeding \$500. Amenda a change. Penalties may be imposed for late-filed Statements of Organiza		Indexed Audited Computer
COMMITTEE NAME (Required by law)		
Committee to Elect Edgar Allen Blow for Supervisor		
IMPORTANT: Indicate type of committee you are reporting for: [4] [4] [4] [4] [5] [6] [6] [6] [8] [8] [8] [8] [9] [9] [9] [9		
COMMITTEE TREASURER (This address used for all reminders and COMMITTEE CHAIR (List additional officers on separate page) (Required by law) correspondence)		
Name	Name	
Nancy J. Rowley	Rosie Carman	
Mailing Address	Mailing Address 500 Conrad	
2704 Division City, State Zip Code	City, State Zip Code	
Purlington IA 52601	Burlington IA 52601	
Phone (319) 754-4963	Phone (319) 753-0001	
e-Mail trowley55@hotmail.com	e-Mail	
INDICATE PURPOSE OF COMMITTEE - Check One Box K Advocate for/against candidate(s) Advocate for/against ballot issue(s)		
Comment or description: All Candidates Enter:		
Office Sought: Des Moines County Supervisor	District:	
Political Party (if applicable) Democrat Year Standing for Election: 2002 County/Local Candidates and Local Ballot/Franchise Committees Enter: Data of Floribus August 2002		
County/Local Candidates and Local Ballot/Franchise Committees Entitle County:	er: Date of Election: <u>June 4</u> ,	2002 and Nov. 4, 2002
Bank Account Name ↓ ↓	Candidate Name & Address or Pare	nt Entity (PACs, if applicable),
Committee to Elect Edgar Allen BLow for		late, or Sponsor
Supervisor	Edgar Allen Blow	
Name of Financial Institution/Type of Account ↓ ↓	Mailing Address ↓ ↓	
	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	↓ ↓ Zip ↓ ↓
·		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	West Burlington IA 5 Phone(319) 753-5806	
Danville IA 52623 DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION	e-Mail	
t	(Statement of intent required by law for all coentral committees.)	ommittees, except state parties and
Indicate disposition of funds by marking appropriate number in box: 3 (1) DONATED TOCOUNTY CENTRAL COMMITTEE	(6) PRORATED REFUND TO CONTRI	BUTORS
(2) DONATED TO LOCAL/STATE/NAT'L POLITICAL PARTY(underline one) (7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE		
(3) DONATED TO CHARITABLE ORGANIZATION (CANDIDATES ONLY)		
(specify) Hope Haven Development Center and YWCA Womens(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY) (4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline GAS) OUTCE CERTON (PACS ONLY), PLEASE BE SPECIFIC		
(5) PARTISAN CONGRESSIONAL DISTRICT FUND	· ·	37 251170
STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$500.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in lowa Code chapter 56, chapter 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.		
Signestrated Treasurer	January 2, 2003 Date Signed	
Edger Gisson		2
XXXIII OF COUNTY	<u> </u>	5